

Financial advisor instructions: To be used for all brokerage and direct business retirement accounts held at the individual account level. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders, or to change the registration or account type.

Please fax the completed form to the New Accounts Department at (858) 202-8325.

ATTENTION: Any alterations must be initialed by all account holders.

Account Number <input style="width:95%;" type="text"/>	Rep ID <input style="width:95%;" type="text"/>	<input type="checkbox"/> Account updates required by LPL Operations
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Section I: Account Information

1.	<p>Account Type: (choose only one)</p> <p>Each account holder must receive, read and understand the contents of the applicable Account Packet (Account Packet - LPL Master). This separate packet contains the Account Agreement that details the relationship between you, your financial advisor, LPL Financial ("LPL") and other related parties as applicable to your account.</p> <p> <input type="radio"/> Brokerage <input type="radio"/> Direct Business (skip Section V) </p> <p> <input type="radio"/> OMP Brokerage* </p> <p>*Additional documentation required. Financial advisor should refer to the detailed procedures for the account type on the Resource Center.</p>
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2.	<p>Registration Type: (choose only one)</p> <p> <input type="radio"/> Traditional IRA <input type="radio"/> Roth IRA <input type="radio"/> 403(b)(7) ERISA* <input type="radio"/> 403(b)(7) Non-ERISA* <input type="radio"/> Omnibus </p> <p> <input type="radio"/> Traditional Rollover IRA <input type="radio"/> Beneficiary Roth IRA <input type="radio"/> Beneficiary SIMPLE IRA <input type="radio"/> SAR-SEP IRA <input type="radio"/> Money Purchase Pension Plan </p> <p> <input type="radio"/> Beneficiary IRA <input type="radio"/> SEP IRA <input type="radio"/> Profit Sharing Plan <input type="radio"/> Beneficiary 403(b)(7) </p> <p> <input type="radio"/> 401(k) Plan <input type="radio"/> SIMPLE IRA <input type="radio"/> Defined Benefit Plan <input type="radio"/> 457 Plan </p> <p> <input type="radio"/> Other Retirement Type: <input style="width:200px;" type="text"/> </p> <p><small>*403(b)(7) plans may or may not be subject to ERISA depending on how the plan operates. Please consult the employer to determine if the plan is subject to ERISA.</small></p> <p> Is this account or plan subject to ERISA? <input type="radio"/> Yes <input type="radio"/> No </p> <p> Is this account for a Government Entity? <input type="radio"/> Yes <input type="radio"/> No </p> <p> Is your client considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c): <input type="radio"/> Yes <input type="radio"/> No </p> <ol style="list-style-type: none"> 1. A bank, savings and loan association, insurance company or registered investment company; 2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or 3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million
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3.	<p>Individual or Participant Social Security Number <input style="width:100%;" type="text"/></p> <p>Account Registration <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/></p> <p>Name of Decedent (required for Beneficiary accounts only) <input style="width:100%;" type="text"/></p> <p>Group Plan, Trust or Estate Tax ID (if applicable) <input style="width:100%;" type="text"/></p> <p>Group Plan Name or Employer (if applicable) <input style="width:100%;" type="text"/></p> <p>Date Plan Established (if applicable) <input style="width:200px;" type="text"/></p> <p>Email <input style="width:200px;" type="text"/></p>	<p>Current Residency status: <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien (choose only one)</p> <p>Country of Citizenship or Legal Establishment <input style="width:100%;" type="text"/></p> <p>Mailing Address <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/></p> <p>Account Address (no P.O. boxes) <input type="checkbox"/> Same as mailing address <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/></p> <p>Home Phone <input style="width:200px;" type="text"/> Business Phone <input style="width:200px;" type="text"/></p> <p>Mobile Phone <input style="width:200px;" type="text"/></p>
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Section II: Investment Objective and Risk Tolerance

1. **Select the investment objective that most accurately reflects the goals for this account:** (choose only one)
 The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that achievement of the stated investment objectives is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk. There is no guarantee that the investment objective will be achieved.

A. Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income with minimal risk of capital loss. Lowering the risk generally means lowering the potential income and overall return.

B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.

C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.

D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.

E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.

F. Trading. Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

Section III: Account Holder Information

If you are an institutional trustee or a financial organization serving as trustee of an ERISA Group Plan, the identification sections are optional. If the plan is non ERISA then all fields are required for additional account holders, complete the Supplemental Account Application (F1C-R).

1.

Primary Account Holder/Participant/Minor/Trustee/Auth. Officer		Employer Name <input type="checkbox"/> Mark here if retired or unemployed	
<input type="text"/>		<input type="text"/>	
Residence Address (no P.O. boxes) <input type="checkbox"/> Same as account		Employment Address (no P.O. boxes)	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Home Phone	Business/Cell Phone	Occupation (former if retired or unemployed)	Industry (former if retired or unemployed)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Country of Citizenship	ID Type	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	# Dependents	Client ID verified?	ID Place of Issuance ID Issuance Date ID Expiration Date
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Mark here if you, your spouse, or any other immediate family members are employed by or associated with the securities industry or a financial regulatory agency. You must also provide the information requested below as well as a letter (when required) from the employer approving establishment of this account. An approval letter is not required for LPL employees.			
Full Name	Relationship	Name of Firm	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.		Name of Corporation(s)	
		<input type="text"/>	

2. **Parent/Guardian/Fiduciary/Trustee/Co-Trustee/Auth. Officer** **Employer Name** Mark here if retired or unemployed

Residence Address (no P.O. boxes) Same as account

Employment Address (no P.O. boxes)

Home Phone **Business/Cell Phone** **Occupation** (former if retired or unemployed) **Industry** (former if retired or unemployed)

Social Security Number **Country of Citizenship** **ID Type** **ID Number**

Date of Birth **# Dependents** **Client ID verified?** Yes No **ID Place of Issuance** **ID Issuance Date** **ID Expiration Date**

Mark here if you, your spouse, or any other immediate family members are employed by or associated with the securities industry or a financial regulatory agency. You must also provide the information requested below as well as a letter (when required) from the employer approving establishment of this account. An approval letter is not required for LPL employees.

Full Name **Relationship** **Name of Firm**

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months. **Name of Corporation(s)**

Section IV: Financial Information and Experience

1. **Enter the letter that corresponds to the correct range:**

Annual income? **Net worth? (exclusive of home)** **Liquid net worth?*** **Approximate account value?***

A. Less than \$25,000 B. \$25,000 - \$49,999 C. \$50,000 - \$99,999 D. \$100,000 - \$249,999 E. \$250,000 - \$499,999
 F. \$500,000 - \$749,999 G. \$750,000 - \$999,999 H. \$1,000,000 - \$49,999,999 N. \$50,000,000 and over

Source of Client Wealth and Income (inheritance, employment salary, sale of real estate, etc.): **Federal income tax bracket? (%)**

Investment Experience (number of years):

Annuities Mutual Funds Partnerships Margin Stocks Bonds

Options Other (please specify):

What are your other investments (includes other assets held by LPL)? Please indicate percentage of net worth (must equal 100%).

Real Estate _____% Mutual Funds _____% Checking / Savings _____% Annuities _____%
 Insurance _____% Equities _____% Alternative Investments _____% Bonds _____%
 Other _____% If Other, please explain

*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.
 **Account minimums apply; see the applicable Account Packet for details or ask your financial advisor.

2. What is your investment time horizon for this account?

1-3 years 3-5 years 5-10 years More than 10 years

Do you have liquidity needs from the funds in this account? Yes No

If yes, when do you need these funds? 0-3 years More than 3 years

If yes, specify the approximate dollar amount for the time range indicated above \$ _____

3. Investment Technique(s) / Strategy(ies)
Only applicable if the advisor recommended the investment technique(s) / strategy(ies) to the client for this account. If applicable, select all that apply:

Asset Allocation - Establishing a suitable base investment mix and periodically rebalance the portfolio in order to maintain a long-term goal for asset allocation.

Buy and Hold - Intending to buy and hold securities for a long period of time, regardless of fluctuations in the market; not concerned with short-term price movements or technical indicators.

Dollar Cost Averaging - Designed to potentially reduce volatility in which securities, typically mutual funds, are purchased in fixed dollar amounts at regular intervals, regardless of what direction the market is moving.

Hedging - Investing with the goal to reduce the risk of adverse price movements in a security or securities, by taking an offsetting position in a related security, such as using derivatives, options, short sales or being long in an offsetting position some of which may require additional forms and approval.

Indexing/Passive Investing - Purchasing of investment products with returns that correlate to a specified index.

Liquidations - Converting securities into cash or equivalents by selling them.

Non-Correlated Asset Investing - Purchasing assets that tend to change in value independent of the core financial markets such as stocks and bonds. Alternative investments and precious metals are examples of assets that can be used in a non-correlated investment strategy in an attempt to counter the price movements of a traditional investment portfolio.

Trading on Margin - With an approved Margin agreement on file, borrowing against eligible securities or the purchase of securities on credit.

Other (please specify): _____

Section V: Custodian Information (For all Non-Direct IRA, Roth IRA, SIMPLE IRA and 403(b)(7) participant accounts only)

1. Retirement Account Custodian:
 Unless an Outside Custodian is designated and marked below, all IRA, Roth IRA, SIMPLE IRA and 403(b)(7) participant accounts (Section I) will default to PTC as custodian. **Each account holder must receive, read and understand the contents of the applicable Custodial Agreement referenced below based on the registration type selected in Section I.2.**

Custodial Agreement PTC - IRA: For Traditional IRA, Traditional Rollover IRA, Beneficiary IRA, SEP IRA and SAR-SEP IRA accounts.
Custodial Agreement PTC - Roth IRA: For Roth IRA and Beneficiary Roth IRA accounts.
Custodial Agreement PTC - SIMPLE IRA: For SIMPLE IRA and Beneficiary SIMPLE IRA accounts.
Custodial Agreement PTC - 403(b)(7): For 403(b)(7) ERISA, 403(b)(7) Non-ERISA and Beneficiary 403(b)(7) accounts.

Mark here for Outside Custodian (account holder to complete and submit custodian's adoption agreement) Skip Section V.2

2. Beneficiary Designation (this section only applies to accounts with PTC as custodian):

I hereby designate the following individual(s) or entity(ies) as my primary and/or contingent beneficiary(ies) unless otherwise directed in writing by the account holder and properly filed with the custodian. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If more than one contingent beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If this is a Guardian account, the account will automatically pass to the minor's estate. Once the minor has reached the age of majority for the state of residence, he or she may then designate a beneficiary(ies).

If any primary beneficiary(ies) dies before me, his or her interest shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased equally. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no primary or contingent beneficiaries survive me, my spouse will be deemed my beneficiary. If there is no surviving spouse at the time of my death, my estate will be deemed my beneficiary. If I live in a state with community property statutes or the account is a 403(b)(7) subject to Title 1 of ERISA and do not designate my spouse as the sole primary beneficiary, I certify that my spouse has consented to such designation.

Mark here if you wish to add a Per Stirpes stipulation to all named individuals in my Primary Beneficiary Designation.* Mark here if you wish to add a Per Stirpes stipulation to all named individuals in my Contingent Beneficiary Designation.*

***If this box is checked, in the event that any primary or contingent beneficiary does not survive the account holder but leaves surviving descendants, then any share otherwise payable to such beneficiary will be paid instead to such beneficiary's surviving descendants.**

<input type="radio"/> Primary	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section V: Custodian Information (continued)

<input type="radio"/> Primary	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section VI: Client Acknowledgment and Execution

1. **I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:**

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand and agree that it is my responsibility to inform my financial advisor any time I purchase class A shares of a mutual fund in the same fund family as a fund that I own either individually or in related accounts, in order to ensure that I receive the appropriate commission discount.
- I have discussed with my financial advisor the investment objective selected for the account in Section II of this Application.
- I understand that investing through a brokerage account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.

For accounts with PTC as Custodian, I acknowledge that I have received, read, understand and agree to the terms of the applicable Custodial Agreement and I certify that I am eligible to establish the type of account referenced above. I release the Custodian, LPL Financial Corporation and their affiliates, from all liability and agree to indemnify the same from any and all losses, damages or cost for acting in good faith in accordance with the account privileges selected herein. In no event shall the indemnified parties be liable for consequential damages.

Additionally, For accounts with PTC as Custodian I certify the following:

- If I make a rollover contribution, I certify that I understand the rules and conditions of the deposit and that I am eligible to make the deposit under the Internal Revenue Code.
- If this is a SEP IRA, I certify that I have received, read and accept my employer's plan document (5305-SEP or SEP prototype).
- If this is a SAR-SEP, I certify that I have received, read and accept my employer's plan document (5305A-SEP or SEP prototype), I have verified that my employer's plan was established in a year beginning before 1997 and I have entered into a SAR-SEP Elective Deferral Agreement with my employer.
- If this is a SIMPLE IRA, I certify that I have received, read and accept the summary description and notice (Form 5304-SIMPLE) from my employer relating to my employer's SIMPLE IRA Plan and I have entered into a SIMPLE Elective Deferral Agreement with my employer.
- If this is a 403(b)(7), I have verified with my employer that it is an educational organization described in Code Section 170(b)(1)(A)(ii) or a tax-exempt organization described in Code Section 501(c)(3) of the Internal Revenue code and neither the Custodian, LPL nor any of their affiliates have any responsibility for any applicable contribution or distribution limitations under Internal Revenue Code 403(b), and I am establishing the account under my employer's 403(b)(7) plan and in connection, have entered into an elective deferral arrangement with my employer.
- If this is a 403(b)(7), I designate LPL as the brokerage firm to invest assets and agree to invest all assets solely in regulated investment companies.

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). (Cross out (2) if subject to backup withholding.) **The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.**

Section VI: Client Acknowledgment and Execution (continued)

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.

Account Holder/Authorized Officer Signature	Account Holder/Authorized Officer Name (print)	Date (required)
Account Holder/Authorized Officer Signature	Account Holder/Authorized Officer Name (print)	Date (required)
Additional Account Holder Signatures		Date (required)

BRANCH USE ONLY	<p>I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the client's name, I have confirmed that the client is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the client's name does not appear or, if the client's name is the same as the name of a SDN, the client is not the person listed by OFAC. I have also provided the client with the CIP disclosure either in writing or verbally.</p>		
Financial Advisor Signature (unless same as Branch Manager)	Financial Advisor Name (print)	Rep ID	Date (required)
Joint Financial Advisor Signature	Joint Financial Advisor Name (print)	Rep ID	Date (required)
Branch Manager Signature (required)	Branch Manager Name (print)	Rep ID	Date (required)